

## Contractor License: *Change Ownership or Employee Status*

### REQUESTED LICENSE MODIFICATIONS

Check ALL that apply:

- ☐ Change of Ownership  
☐ Change of Employee Status (Have Employees or Do Not Have Employees)

### APPLICANT INFORMATION

Business Legal Name

\_\_\_\_\_  
Must be registered with Utah Division of Corporations \*Note: If you are a Sole Proprietor, this is your full legal name.

DBA (if applicable):

\_\_\_\_\_  
Must be registered with Utah Division of Corporations

Utah Contractor License

Number: \_\_\_\_\_-5501

Mailing Address:

\_\_\_\_\_  
Street Address (including Apt/Unit/Ste #) and/or PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I understand that in all areas of this application the words “you”, “I” and “applicant” apply to the entity listed above and all subsidiaries, owners, officers, managers, qualifiers, and prior entities and DBA’s for which these individuals have been involved.

### AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name & Position of the  
Authorized Signer: \_\_\_\_\_

## QUALIFYING QUESTIONNAIRE

**Read thoroughly, and answer each question. Do not leave any question blank.**

*If you answer "yes" to any of the below, DOPL may request additional documentation if the information submitted is insufficient.*

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have <b>you ever</b> had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or <b>disciplined in any way</b> ?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have <b>you ever</b> been <b>permitted to resign or surrender</b> your license, certificate, permit, or registration to practice in a regulated profession <b>while under investigation</b> or while action was pending against you <b>by any professional licensing agency or criminal or administrative jurisdiction</b> ?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are <b>you currently under investigation</b> or is any <b>disciplinary action pending</b> against you now by any <i>local, state or federal licensing, enforcement or regulatory agency</i> ?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have <b>you ever</b> been declared by any court to be <b>incompetent by reason of mental defect</b> or disease and not restored?
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have <b>you ever</b> had a documented case in which you were <b>involved as the abuser</b> in any incident of <b>verbal, physical, mental, or sexual abuse</b> ?
6. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from <b>a position because of drug or alcohol use or abuse</b> within the past five (5) years?
7. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you <b>currently using</b> or have you <b>recently (within 90 days)</b> used <b>any drugs (including recreational drugs)</b> <b>without a valid prescription</b> , the possession or distribution of which is unlawful under applicable state or federal laws?
8. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have <b>you ever</b> unlawfully used any drugs for which you have not successfully completed, or are not now participating in a <b>supervised drug rehabilitation program</b> , or for which you have not otherwise been successfully rehabilitated?
9. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you <b>currently</b> have <b>any criminal action pending</b> ?*
10. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you pled <b>guilty</b> to, <b>no contest</b> to, entered into a <b>plea in abeyance</b> or been <b>convicted of a misdemeanor</b> in any jurisdiction <b>within the past ten (10) years</b> ? *
11. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have <b>you ever</b> pled <b>guilty</b> to, <b>no contest</b> to, or been <b>convicted of a felony</b> in any jurisdiction?*
12. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have <b>you ever</b> been <b>incarcerated</b> for any reason in any correctional facility ( <i>domestic or foreign</i> ) in any jurisdiction <b>or on probation/parole</b> in any jurisdiction?*

**\*NOTE: Charges that were later dismissed MUST be disclosed. Motor vehicle offenses such as driving while impaired or intoxicated MUST be disclosed. However, minor traffic offenses such as parking or speeding violations need not be disclosed.**

If you answered "Yes" to any of the above questions, you **MUST** provide an explanation about the circumstances. If you answered "Yes" to **Questions 9, 10, 11 or 12**, you must submit a criminal history report. If the crimes were *outside* of Utah, you must provide a criminal history report from that state or may be required to submit an FBI background. If the crimes were *in Utah*, the criminal history report must be obtained from:

### **BUREAU OF CRIMINAL IDENTIFICATION (BCI) INFORMATION:**

Walk-ins only; no appointments taken, Open 8:00 a.m. - 5:00 p.m., Monday - Friday except holidays  
 Government-issued picture ID required (*driver's license, state ID, passport, etc.*)  
 Website: [www.bci.utah.gov](http://www.bci.utah.gov) Phone: 801-965-4445  
 Address: 3888 W. 5400 S., Taylorsville, UT 84118

## FINANCIAL RESPONSIBILITY

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Within the last eight years</b> , has the applicant, the proposed qualifier, any owner, <u>or</u> any prior entities for which these individuals have been involved, had any <b>judgments, liens, taxes, or child support</b> delinquencies levied against them?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Within the last seven years</b> has the applicant, the proposed qualifier, any owner <u>or</u> any prior entities for which these individuals have been involved, filed for <b>bankruptcy</b> ?

If you answered **YES** to any of the questions above, you **MUST** submit the following:

- **Copies of any judgments or tax liens** and evidence that it has been paid or in an approved payment plan **AND Credit Report Authorization**

## OWNERSHIP LISTING

Please complete the following information for **ALL OWNERS**. If your company is **publicly traded**, please write "Publicly Traded" on the first owner name line, and provide the last audited financial statement. If your company has an owner that is a **business entity (parent company)**, provide a list of the officers and directors, evidence that the company is a subsidiary, and provide the last audited financial statement.

**Full Legal Name:** \_\_\_\_\_  
First Middle Last

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** ☐ Male ☐ Female

**Address:** \_\_\_\_\_  
Street Address Suite/Unit Number PO BOX  
\_\_\_\_\_  
City State ZIP Code

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*\*By listing your email, you consent DOPL may contact you via email*

**Will this owner engage in the construction trade?** ☐ Yes ☐ No **Percentage of ownership:** \_\_\_\_\_%

**Please Select ONE:**

- ☐ I am a United States citizen OR a non-citizen of the United States who is lawfully present.  
☐ I am a foreign national not physically present in the United States.  
☐ None of the above, please explain: \_\_\_\_\_

Driver License or  
State Id Card: \_\_\_\_\_  
State of Issue ID/License Number Expiration Date

**Full Legal Name:** \_\_\_\_\_  
First Middle Last

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** ☐ Male ☐ Female

**Address:** \_\_\_\_\_  
Street Address Suite/Unit Number PO BOX  
\_\_\_\_\_  
City State ZIP Code

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*\*By listing your email, you consent DOPL may contact you via email*

**Will this owner engage in the construction trade?** ☐ Yes ☐ No **Percentage of ownership:** \_\_\_\_\_%

**Please Select ONE:**

- ☐ I am a United States citizen OR a non-citizen of the United States who is lawfully present.  
☐ I am a foreign national not physically present in the United States.  
☐ None of the above, please explain: \_\_\_\_\_

Driver License or  
State Id Card: \_\_\_\_\_  
State of Issue ID/License Number Expiration Date

**PLEASE MAKE ADDITIONAL COPIES AS NEEDED FOR MORE OWNERS**

## EMPLOYEES

- ☐ The applicant **HAS EMPLOYEES or OWNER-WORKERS HOLDING LESS THAN 8% OWNERSHIP**, you must submit a copy the following:

1. ☐ Worker Compensation Certificate (or Waiver).

**AND**

2a. ☐ Workforce Services Unemployment Insurance Registration No.: \_\_\_\_\_

☐ Utah State Tax Commission Withholding Tax Account No.: \_\_\_\_\_

*\* If exempt from Utah withholdings by doing business in Utah for 60 days or less, please submit written exemption approval from Utah Tax Commission.*

**OR**

2b. ☐ Signed contract with a registered Professional Employer Organization (PEO).

- ☐ The applicant does **NOT HAVE EMPLOYEES** and **DOES NOT INTEND TO HIRE EMPLOYEES** within the foreseeable future. I certify that I will notify the Division in writing with the above information when the business has employees before work is performed.

## FEES & INSTRUCTIONS

- ☐ Submit the above items with your completed application to:

**In-person or express delivery:**

Division of Occupational and Professional  
Licensing  
Heber M Wells Building, 1<sup>st</sup> Floor Lobby  
160 E 300 S  
Salt Lake City, UT 84111

**U.S. Postal Service:**

Division of Occupational and Professional  
Licensing  
P.O. Box 146741  
Salt Lake City, UT 84114-6741

**DO NOT FAX OR EMAIL THE APPLICATION**

NOTICE: Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

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### CREDIT REPORT AUTHORIZATION

Pursuant to Utah Administrative Code R156-55a-306(1), If you answered "yes" to any "Financial Responsibility Questionnaire" questions of this application, or if a credit report is requested you must, provide current credit reports for the applicant, the proposed qualifier(s), and all owners, officers and managers.

Your consumer credit report will be obtained from all three credit bureaus, Experian, Trans Union & Equifax merged into one complete credit report. For business entities a credit report will be obtained from Experian Business Credit Services.

**Instructions:** Complete and submit a copy of this credit report authorization form directly to the Division of Occupational and Professional Licensing for each individual and entity required, with the credit card authorization for payment. The charge on your credit card will show NACM as the creditor. For security and confidentiality purposes, the report(s) will print directly to our state office. These credit reports are obtained by the Division of Occupational and Professional Licensing through NACM BCS. 7410 S. Creek Rd. #301, Sandy UT. 84093. [801-487-8786](tel:8014878786), [800-977-6226](tel:8009776226). Fax [801-484-1891](tel:8014841891). [www.nacmint.com](http://www.nacmint.com)

### Personal Credit Report Request

**Full Legal Name:** \_\_\_\_\_  
First Middle Last

**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**If Joint, Spouse Name:** \_\_\_\_\_  
First Middle Last

**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street Address (including Apt/Unit/Ste #) and/or PO Box

Type of Report Request:	Cost	Paid	ZIP Code	NACM Stamp & Date
<input type="checkbox"/> Individual Experian TransUnion Equifax Merged Credit Report	\$26.50	<input type="checkbox"/>		
• Colorado Applicants Must add \$9.00 sur-charge for Individual	\$35.50	<input type="checkbox"/>		
<input type="checkbox"/> Joint Merged Credit Report-Husband & Wife ( <i>Both sign below</i> ) (Please include spouse name, social security number and date of birth above.)	\$41.00	<input type="checkbox"/>		
• Colorado Applicants must add \$18.00 sur-charge for joint	\$59.00	<input type="checkbox"/>		

### Business Credit Report Request

**Business Legal Name** \_\_\_\_\_  
*\*Note: If you are a Sole Proprietor, this is your legal name.*

**Mailing Address:** \_\_\_\_\_  
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

**Tax Id Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

Type of Report Request:	Cost	Paid	NACM Stamp & Date
<input type="checkbox"/> Experian Business Credit Report	\$50.00	<input type="checkbox"/>	

### Payment Information

☐ Visa ☐ MasterCard ☐ American Express **Card Number:** \_\_\_\_\_

**Name as it appears on the card:** \_\_\_\_\_ **Card Expiration Date:** \_\_\_\_\_ **CID:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

I hereby authorize the release of all information, including credit information contained in my (our) account file with NACM Intermountain. I further authorize that a photocopy of this form may be accepted as the original.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_